



MARYLAND
Department of Health

Larry Hogan, Governor — Boyd K. Rutherford, Lt. Governor — Robert R. Neall, Secretary

Behavioral Health Administration Firearm Restoration Unit

55 Wade Avenue – Hill Building - Catonsville Maryland 21228

Barbara J. Bazron, Ph.D., Deputy Secretary Behavioral Health / Executive Director

ATTESTATION - CHARACTER OF REFERENCE

You are required to provide three (3) references

APPLICANT INFORMATION

Name:

Current Address:

City:

State:

Zip Code:

PERSON PROVIDING REFERENCE

Name:

Current Address:

City:

State:

Zip Code:

Telephone Number: (____) ____ - _____

Email:

Relationship to Applicant:

Years Known:

I, _____ attest that _____ is of good reputation and
 (Name) (Name of Applicant)

character as it relates to his/her owning and possessing a firearm. There is no known reason that would disqualify

_____ from owning and/or possessing a firearm.
 (Name of Applicant)

Printed Name:

Date:

Signature:

Please submit this form to:

Firearm Restoration Unit
 Behavioral Health Administration
 Maryland Department of Health
 55 Wade Avenue Hill Building
 Catonsville MD 21228
 410 402-8701 Fax 410 402-8731

MDH #4752 (01-22-18)